

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/19/04</u>		2 Serial/Patent # <u>09/617,868</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
<input checked="" type="checkbox"/>	Cert of Correction/Terminal Disc.	14	5/29/04	\$ 55.00							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 55.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">7</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> </tr> </table>		1	2	--	1	7	8	1
1	2	--	1	7	8	1					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
TD not required											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Cliff Congo</u>		PHONE: <u>305-0272</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Darry Kable</u>		DATE: <u>6/21/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: